UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		201448/443					
First Inve	entor	Dennis Michael Connolly					
Title	CHEMICAL SCALE CIR	LLY ASSEMBLED NANO- CUIT ELEMENTS					

IRANSMITTAL		''	SCALE CIRCUIT ELEMENTS						
(Only for new nonprovisional applications under 37 CFR 1.53(b))			express Mail Label No. EV415647525US						
APPLICATION ELEMENTS					the United States				
C MPED I . COO			A DDDESS TO		Frademark Office 450 Virginia 22313-1450				
See MPEP chapter 600 concerning utility patent application contents.		ion contents.	ADDRESS TO:	P.O. Box 1450 Alexandria, Virginia 22313-1450					
1. E Fee Transmitta	1 Form (e.g., PTO/SB/17)		7 □ CD-ROM		iplicate, large table or				
	and a duplicate for fee processing)			r Program (Ap)	· · · · · · · · · · · · · · · · · · ·				
	ns small entity status.		Nucleotide ar	d/or Amino A	eid Sequence Submission				
_ See 37 CFR 1.2	27.			, all necessary)	<u> </u>				
3. Specification (preferred arrangem	[Total Pages 36]			a. Computer Readable Form (CRF)					
	e title of the invention			 b. Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies; or 					
	erence to Related Applications (if a	applicable)			J-R (2 copies; or				
	Regarding Fed sponsored R & D (if applicable)	ii. □ p						
	to sequence listing, a table, ater program listing appendix (if a)	onligabla)			identity of above copies PPLICATION PARTS				
	d of the Invention	орисавіе)	ACCOM	PANYING A	PPLICATION PARTS				
- Brief Sum	mary of the Invention		9. 🗆 Assignm	nent Papers (co	ver sheet & document(s))				
	ription of the Drawings (if filed)		10. 🗖 37 CFR	3.73(b) Statem	ent D Power of				
 Detailed D Claim(s) 	escription			here is an assig					
	f the Disclosure				cument (if applicable)				
4. Drawing(s) (35			12. Informa		-				
Informal Draw	ings [Total Sheets 5			nt (IDS)/PTO-					
Formal Drawin				13. ☑ Preliminary Amendment 14. ☑ Return Receipt Postcard (MPEP 503)					
5. Oath or Declaration	f Total Pages judged (original or copy)	1		be specifically					
	a prior application (37 CFR 1.63)	4//	15. Certified Copy of Priority Document(s)						
	uation/divisional with Box 18 com		(if foreign priority is claimed)						
· <u></u>	TION OF INVENTOR(S)	,	 16. ☐ Nonpublication request under 35 U.S.C. 						
	statement attached deleting inven		122(b)(2)(B)(i). Applicant must attach form						
	in the prior application, see 37 Cl	FR	PTO/SB/35 or its equivalent.						
)(2) and 1.33(b)		17. Other:						
18 If a CONTINUIN	ta Sheet. See 37 CFR 1.76 G APPLICATION, check appropri	riate hox and sunn	ly the requisite inform	nation helow as	nd in a preliminary amendment				
	ita Sheet under 37 CFR 1.76:	tate oox, and suppl	y ine requisite injorn	ianon below ar	a in a prenimiary amenament,				
Continuation	Divisional Continual	tion-in-part (CIP)	of prior applica	tion No.: <u>09/860</u>	,046				
Prior application inform	nation: Examiner: Jet	Trey Siew	Group / Art	Unit: <u>1565</u>					
For CONTINUATION O	R DIVISIONAL APPS only: The en	tire disclosure of the	prior application, from	n which an oath	or declaration is supplied under				
	art of the disclosure of the accompan e relied upon when a portion has been								
incorporation can only be		ORRESPONDEN		аррисацов раг					
	#200 Committee	ORRESTONDEN	CE ADDRESS						
Customer Number or Bar Code Label			or 🗷 Correspondence address below						
Name	Nixon Peabody LLP	Minister a State of S	**************************************						
	Clinton Square, P.O. Box 31051								
Address	-								
City	Rochester	State NY	060 1014	Zip Code	14603-1051				
Country	USA Tele	phone (585)	263-1014	Fax	(585) 263-1600				
Name (Print/Type)	John Campa	Registration No.	(Attorney/Agent)	,	49,014				
Signature	1.0			Date	December 16, 2003				
	John Compa			12-16-03					
	/ /				7				



FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

FOTAL AMOUNT OF PAYMENT ((\$) 385
---------------------------	----------

Complete if Known					
Application Number To Be Assigned					
Filing Date	Herewith				
First Named Inventor	Dennis Michael Connolly				
Examiner Name	Jeffrey Siew				
Art Unit	1656				
Attorney Docket No.	201448/443				

Check Chec	METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
	Check Credit Ca		3. A	DDITIO	NAL	FEES			,	
Account 14-1138		Oluci .	Large Entity Small Entity							
Name	Deposit 14 112	0			1			Fee Descrip	tion	
Deposit Nixon Peabody LLP 1952 1960 1952 1960 1952 1960 1952 1960		0					Surcharge	– late filing fee or	oath	
Deposit Nixon Peabody LLP 1953 100 1953 100 1905 1905					1		-	-		
Nixon Peach South Face South			1.002		2002			ate provisionar	imig fee or cover	
Name	Deposit	Doob oder I I D	1053	130	1053	130	Non-Engli	sh specification		
Charge feety indicated below B Cedit any overpayments 1805 1,840* 1805		reabody LLP	1812	2,520	1812	2,520	For filing a	request for ex pa	rte reexamination	
Churge focks) indicated below E Credit any overpayments 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1905 1,840 1,940	The Commissioner is and	borized to a (check all that apply)	1804	920*	1804	920*		ting publication of SIR prior to Examiner		
Clarge Secty indicated Sectors Section S	l —	(m)	1805	1 840*	1805	1 840*		nublication of SI	R after Examiner	
Charge Feets) indicates below, except for the filling fee to the above-black miles of provided provi		, , ,	1	.,0.0		.,0.0		, puoneution or or	TO LONG LANGE	
Second Part		ee(s)	1251	110	2251	55	Extension	for reply within fir	rst month	
1. BASIC FILING FEE			1252	420	2252	210	Extension	on for reply within second month		
1. BASIC FILING FEE Large Entity Small Entity Fee Description Fee Paid 140 330 2402 165 165 161	to the above-identified deposit	account.	1253	950	2253	475	Extension	for reply within th		
Martin	FE	E CALCULATION	1254	1,480	2254	740	Extension	for reply within fo	ourth month	
Fee	1. BASIC FILING FEE		1255	2,010	2255	1,005	Extension	for reply within fi	fth month	
March Color Colo			1401	330	2401	165	Notice of	Appeal		
1403		•	1402	330	2402	165	Filing a br	ief in support of ar	n appeal	
1452 110 2452 55 Petition to revive — unavoidable 1453 1,330 2433 665 Petition to revive — unintentional 1453 1,330 2433 665 Petition to revive — unintentional 1453 1,330 2433 665 Petition to revive — unintentional 1453 1,330 2433 665 Petition to revive — unintentional 1453 1,330 2433 665 Petition to revive — unintentional 1453 1,330 2433 665 Petition to revive — unintentional 1453 1,330 2433 665 Petition to revive — unintentional 1453 1,330 1453 1,330 1453 1,330 1453 1,330 1453 1,330 1,330 1453 1,330 1,		-,	1403	290	2403	145	Request fo	r oral hearing		
Note 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee 1453 1,330 2453 565 Petition to revive —unavoidable 1453 1,330 2453 665 Petition to revive —unavoidable 1453 1,330	1001 770 2001	385 Utility filing fee 385	1451	1,510	1451	1,510	Petition to	institute a public i	use proceeding	
1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissur filing fee 1005 160 2005 80 Provisional filing fee 1005 160 2005			1452	110	2452	55	Petition to	revive – unavoida	ible	
1501 1,303 2501 665 1,501 1,305 2502 240 1,502 1,503 6665 1,502 1,503 6665 1,502 1,503 6665 1,502 1,503 6665 1,502 1,503 6665 1,502 1,503 1,503 6665 1,502 1,503 1,503 6665 1,502 1,503 1,503 6665 1,502 1,503 1,5		ŭ ŭ	1453	1,330	2453	665	Petition to	revive – unintenti	onal	
1502 160 160 2005 80 Provisional filing fee 1503 640 2503 320 Plant issue fee 1503 160 130 Petitions to the Commissioner 1503 160 130 Petitions to the Commissioner 160 Provinces in the Properties 160 Provinces in the Commissioner 160 Prov			1501	1,330	2501	665	Utility issu	e fee (or reissue)		
Subtract			1				-			
SUBTOTAL (1) (5) 385	1005 100 2005	80 Provisional fining fee	1503	640	2503	320	-			
1807 50 1807	s	UBTOTAL (1) (5) 395		130	1460	130	Petitions to	the Commission	er	
Submitted By Submission of Information Disclosure Stiml Submission of Information Disclosure Stimling Submission of Information Disclosu		(3) 383	1807	50	1807	50	Processino	fee under 37 CEB		
Submitted By Subm	2 EVTDACLAIME	FEC FOR UTILITY AND DEICCHE	.1				_			
Total Claims Total Claims Total	2. EXTRACLAIM F									
Table		Extra Claims below Fee Paid					(times nun	ber of properties)		
Independent I 3** = 0 X 43 = 0	Total Claims 7 -20*	*= 0 X 9 = 0	1809	770	2809	385			al rejection	
Multiple Dependent X 145 = 0		$=$ 0 \times 43 $=$ 0	1810	770	2810	385	For each a	dditional invention	n to be examined	
Large Entity Small Entity Fee		V [145] - [0	1001	770	2001	206	•	,	instinu (BCF)	
Fee	Multiple Dependent	X 143 = 0	1801	770	2801	383	Request 10	r Continued Exam	ination (RCE)	
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims over original patent 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above SUBMITTED BY Name (Print/Type) Other fee (specify) Other fee (specify) Other fee (specify) Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 0 CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) Date Signature Typed or printed name SUBMITTED BY Complete (if applicable) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone (585) 263-1519			1802	900	1802	900			nation of a design	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims over original patent 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent **Or number previously paid, if greater; For Reissues, see above **Feisure claims in excess of 20 and over original patent **Tor number previously paid, if greater; For Reissues, see above **On number previously paid, if greater; For Reissues, see above **Tor number previously paid, if greater; For Reissues, see above **Reduced by Basic Filing Fee Paid **Reduced by Basic Filing Fee Paid **CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Trademark Office at (703) Date SUBMITTED BY SUBMITTED BY Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone Other tee (spechly) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 0 CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: Option of the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Commissioner for Pate					İ		application	1		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims, if not paid 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1206 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1207 18 2205 9 ** Reissue claims in excess of 20 and over original patent 18 18 18 18 18 18 18 18 18			Other	fee (speci	fy)					
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 *CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop—Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Trademark Office at (703) Date SUBMITTED BY Name (Print/Type) John Campa *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop—Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 Trademark Office at (703) Date Signature Typed or printed name *Registration No. (Altorney/Agent) Telephone (\$585\$) 263-1519			1							
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$\frac{1}{3}\) 0 deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) Date Signature	1201 86 2201 2	independent claims in excess of 3	*Reduced by Basic Filing Fee Paid SURTOTAL (3) (5) 0							
original patent ** Reissue claims in excess of 20 and over original patent **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Office at (703) Date **Output Great Interval States Postal Service on the date shown below with sufficient posted as first class mail in an envelope addressed to: Mail Stop	1203 290 2203 14	Multiple dependent claim, if not paid	SOBIOTAL (3) (4) V							
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (5) 0 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) Toped or printed name SUBMITTED BY Signature Typed or printed name	1204 86 2204 4			(CERTIF	ICATE OF	MAILING (OR TRANSMISSI	ION [37 CFR 1.8(a)]	
over original patent SUBTOTAL (2) (\$\sigma\$) 0 ***or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **On number previously paid, if greater; For Reissues, see above **On number previously paid, if greater; For Reissues, see above **On number previously paid, if greater; For Reissues, see above **On number previously paid, if greater; For Reissues, see above **Date **Signature Typed or printed name **SUBMITTED BY Name (*Print/Type*) **John Campa **Registration No. (*Attorney/Agent) **Apol9 Telephone **Telephone **Te	1205 18 2205		I hereb	y certify t	that this	correspond	ence is being	g:		
**or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Trademark Office at (703) Date **Output description on the date shown below to the United States Patent and Trademark Office at (703) Typed or printed name **SUBMITTED BY Name (Print/Type) **John Campa Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) **Telephone **Tele	1.205 10 2205									vith sufficient
**or number previously paid, if greater; For Reissues, see above	SUBTOTAL (2) (\$) 0									
$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	**or number previously paid, if greater; For Reissues, see above						-		•	ent and
Typed or printed name									the Officer States I am	nit arki
Typed or printed name							<u> </u>			
SUBMITTED BY Name (Print/Type) John Campa Registration No. (Attorney/Agent) (Attorney/Agent) Registration No. (Attorney/Agent) Telephone (585) 263-1519				Date	e				Signature	
Name (Print/Type) John Campa Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone (585) 263-1519		Typed or printed name								
Name (Print/Type) John Campa Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone (585) 263-1519	SUBMITTED BY									
Name (Print/Type) (Attorney/Agent) Telephone		John Campa	Regist	ration N	o.	49,019			^)
Signature Date December 16, 2003			_					· ·		
	Signature	Johntenper				***		Date	December 16,	2003

EXPRESS MAIL CERTIFICATE

DOCKET NO.:

201448/443

APPLICANT:

Dennis Michael Connolly

TITLE:

CHEMICALLY ASSEMBLED NANO-SCALE CIRCUIT

ELEMENTS

Certificate is attached to the **Preliminary Amendment** (4 pages) of the above-named application.

"EXPRESS MAIL" NUMBER:

EV415647525US

DATE OF DEPOSIT:

December 16, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

John Campa
(Typed or printed name of person mailing paper or fee)